



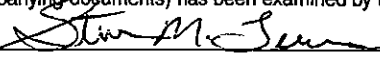
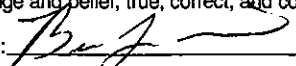
# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER  0 3 4 - 8 4 7	2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 2 0 0 0 Through 0 6 3 0 2 0 0 1	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
<b>IMPORTANT</b>  BEN MORIN (2) 034-847 CARPENTERS AFL-CIO 530 LU 144-L 2102 ALMADEN # 116 SAN JOSE, CA 95125 6/2001  				8. MAILING ADDRESS (Type or print in capital letters.) First Name B E N Last Name M O R I N P.O. Box • Building and Room Number (if any)  Number and Street 2 1 0 2 A L M A D E N R D # 1 1 6 City S A N J O S E State ZIP Code + 4 C A 9 5 1 2 5 - 2 1 9 0
4. AFFILIATION OR ORGANIZATION NAME UNITED BROTHERHOOD OF CARPENTERS		5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 9144
7. UNIT NAME (if any)		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No		
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number				
11	LATHER'S LOCAL NO. 144 PENSION TRUST FEIN 51-6055632 PLANS 001 & 002 777 DAVIS ST., SAN FRANCISCO CA 94111			
14	OUTSIDE ACCOUNTANT: PARRISH & PETERSON ACCOUNTANCY CORPORATION 1155 MERIDIAN AVE., SUITE 109 SAN JOSE CA 95125			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
76. SIGNED:  10 12 01 (408) 264-3080 Date Telephone Number		PRESIDENT (If other title, see instructions.)		77. SIGNED:  10 12 01 (408) 264-3080 Date Telephone Number
		TREASURER (If other title, see instructions.)		

*During the Reporting Period Did Your Organization:*

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | X   |    |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | X   |    |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | X   |    |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 3 8 2
19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2002
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 3 0 0 0 0
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$20 PER MONTH PLUS 0.88 PER HOUR (Month, Year, etc.)
(b) Initiation Fees	\$CURRENTLY WAIVED
(c) Transfer Fees	\$ NONE
(d) Work Permits	\$ N/A per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... X
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 3 4 — 8 4 7

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
<b>ASSETS</b>	25. Cash .....			3 4 2 9 0 6	3 6 4 7 0 5
	26. Accounts Receivable .....			1 1 0 6 0 7	1 1 2 2 0 7
	27. Loans Receivable .....	1		0	0
	28. U.S. Treasury Securities .....			0	0
	29. Investments .....	2		0	0
	30. Fixed Assets .....	5		2 6 4 9 1	3 3 3 2 9
	31. Other Assets .....	3		0	0
	32. TOTAL ASSETS .....			4 8 0 0 0 4	5 1 0 2 4 1
<b>LIABILITIES</b>	33. Accounts Payable .....			1 3 0 0 2 4	6 6 3 6 1
	34. Loans Payable .....	8		0	0
	35. Mortgages Payable .....			0	0
	36. Other Liabilities .....	4		2 5 6 3	3 4 7 7
	37. TOTAL LIABILITIES .....			1 3 2 5 8 7	6 9 8 3 8
	38. NET ASSETS (Item 32 less Item 37) .....			3 4 7 4 1 7	4 4 0 4 0 3

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 3 4 - 8 4 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			8 8 1 7 3 4	56. To Officers .....	9		1 4 5 7 6
40. Per Capita Tax .....			0	57. To Employees .....	10		5 9 0 8 4
41. Fees .....			0	58. Per Capita Tax .....			6 2 8 8 9 3
42. Fines .....			0	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments .....			0	60. Office & Administrative Expense ....	13		4 2 5 0 2
44. Work Permits .....			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies .....			1 9 8 2	62. Professional Fees .....			1 0 5 0 5
46. Interest .....			1 4 5 1 0	63. Benefits .....	11		4 5 1 9 3
47. Dividends .....			0	64. Contributions, Gifts & Grants .....	12		6 0 0
48. Rents .....			0	65. Supplies for Resale .....			6 2 3
49. Sale of Investments & Fixed Assets .....	6		0	66. Direct Taxes .....			8 8 2 8
50. Loans Obtained .....	8		0	67. Withholding Taxes .....			1 9 6 9 7
51. Repayments of Loans Made .....	1		0	68. Purchase of Investments & Fixed Assets .....	7		1 2 2 9 0
52. On Behalf of Affiliates for Transmittal to Them .....			9 5 0 1 5	69. Loans Made .....	1		0
53. From Members for Disbursement on Their Behalf .....			0	70. Repayment of Loans Obtained .....	8		0
54. Other Receipts .....	14		0	71. To Affiliates of Funds Collected on Their Behalf .....			9 5 0 1 5
				72. On Behalf of Individual Members .....			0
				73. Other Disbursements .....	15		3 3 6 3 6
55. TOTAL RECEIPTS .....			9 9 3 2 4 1	74. TOTAL DISBURSEMENTS .....			9 7 1 4 4 2

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 3 4 - 8 4 7

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____  Purpose: _____  Security: _____  Terms of Repayment: _____					
2. Name: _____  Purpose: _____  Security: _____  Terms of Repayment: _____					
3. Name: _____  Purpose: _____  Security: _____  Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ..... <div style="display: flex; justify-content: space-between; width: 100%;"> <div>             ↑ Item 27 Column (A)           </div> <div>             ↑ Item 69           </div> <div>             ↑ Item 51           </div> <div>             ↑ Item 75 with Explanation           </div> <div>             ↑ Item 27 Column (B)           </div> </div>					

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 0 3 4 - 8 4 7

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYROLL TAXES PAYABLE	3,477
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 4 7 7
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 3 4 - 8 4 7

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	32,313	10,374	21,939	
7. Other Fixed Assets	13,482	2,092	11,390	
8. Totals of Lines 1 through 7	45,795	12,466	33,329	UNKNOWN

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS


Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	0

Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS






FILE NUMBER: 0 3 4 - 8 4 7

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. COMPUTER EQUIPMENT	6,660	6,660	6,660
2. OFFICE FURNITURE	5,630	5,630	5,630
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	12,290	12,290	12,290
	7. Less Reinvestments		0
	8. Net Purchases		1 2 2 9 0

Enter the Total from Line 8 in .....  Item 68

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0

Enter the Totals from Line 6 in .....  Item 34 .....  Item 50 .....  Item 70 .....  Item 75 .....  Item 34  
Column (C) with Explanation Column (D)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 3 4 — 8 4 7

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: T U M A First Name: S T E V E Title: P R E S I D E N T Status: C		0	2 3 2 2	0	0	2 3 2 2
Last Name: J A R L A N D First Name: D A V I D Title: V I C E - P R E S I D E N T Status: C		0	4 5 0	0	0	4 5 0
Last Name: P E T E R S O N First Name: D A V I D Title: R E C O R D I N G S E C T Y Status: C		0	8 3 9	0	0	8 3 9
Last Name: M O O N E Y First Name: B R I C K Title: C O N D U C T O R Status: C		0	5 2 9	0	0	5 2 9
Last Name: B R A D Y First Name: P H I L Title: T R U S T E E Status: C		0	3 8 6	0	0	3 8 6
Last Name: M O R I N First Name: M I L O Title: T R U S T E E Status: C		0	5 1 2	0	0	5 1 2
Last Name: M A N Z A N A R E S First Name: R O B E R T Title: T R U S T E E Status: C		0	0	0	0	0
8. Totals from additional pages (if any)		5,954	4,233	0	0	10,187
9. Totals of Lines 1 through 8		5,954	9,271	0	0	15,225
				10. Less Deductions 6 4 9		
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements 1 4 5 7 6		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 3 4 - 8 4 7

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: G O N Z A L E S      First Name: M E L I N D A Position: O F F I C E   S T A F F Name of Affiliated Organization:	4 1 8 9 6	0	0	0	4 1 8 9 6
2. Last Name: P E R E Z      First Name: E R I C A Position: O F F I C E   S T A F F Name of Affiliated Organization:	3 7 1 3 8	0	1 1	0	3 7 1 4 9
3. Last Name:      First Name: Position: Name of Affiliated Organization:					
4. Last Name:      First Name: Position: Name of Affiliated Organization:					
5. Last Name:      First Name: Position: Name of Affiliated Organization:					
6. Totals from additional pages (if any)	0	0	0	0	0
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	79,034	0	11	0	79,045
9. Less Deductions			1 9 9 6 1		
Enter the Total from Line 10 in..... Item 57 ⇨			10. Net Disbursements 5 9 0 8 4		

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 3 4 - 8 4 7

Description (A)	To Whom Paid (B)	Amount (C)
1. LIFE INSURANCE	GGDC INSURANCE FUND	19,160
2. PENSION	WESTERN STATES PENSION TRUST	10,868
3. HEALTH & WELFARE	O&PE WELFARE FUND	12,996
4. PENSION HEALTH & WELFARE	CARPENTERS TRUST FUND LATHERS 144L TRUST FUND	144 2,025
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		4 5 1 9 3

Enter the Total from Line 6 ..... Item 63

# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. LABOR	50
2. CHARITABLE	350
3. MEMORIAL	200
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	6 0 0


Enter the Total from Line 8 in ..... Item 64

# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE


Description (A)	Amount (B)
1. OFFICE & GENERAL	16,440
2. POSTAGE & SHIPPING	7,054
3. TELEPHONE	5,374
4. RENT	12,393
5. INSURANCE	821
6. ADMINISTRATION	420
7. Total from additional pages (if any)	0
8. Total of Lines 1 through 7	4 2 5 0 2

Enter the Total from Line 8 in ..... Item 60

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	0
Enter the Total from Line 17 in .....  Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. AUTO EXPENSE	63
2. MEMBERS AFFAIRS	9,639
3. PRINTING & PUBLICATIONS	15,862
4. MEETINGS & TRAVEL	8,072
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 3 6 3 6
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME:  
**UNITED BROTHERHOOD OF CARPENTERS LOCAL 9144**

ENDING DATE OF PERIOD COVERED:  
**6/30/2001**

FILE NUMBER: 0 3 4 - 8 4 7

PAGE 1 OF 1 ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name <b>D E P E W</b> First Name <b>L A R R Y</b>		0	5 3 6	0	0	5 3 6
Title <b>W A R D E N</b> Status <b>C</b>						
Last Name <b>M O R I N</b> First Name <b>B E N</b>		5 9 5 4	3 6 9 7	0	0	9 6 5 1
Title <b>F I N A N C I A L S E C T Y</b> Status <b>C</b>						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
<b>Totals</b>		<b>5,954</b>	<b>4,233</b>	<b>0</b>	<b>0</b>	<b>10,187</b>

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						